

Day Care: Its Value for the Older Adult and His Family*

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Introduction: Adult Day Care

Adult day care in the United States had its beginnings in 1947 in psychiatric day hospitals such as the Menninger Clinic, patterned after the British system of geriatric care.¹ The Jewish institutions for aged in the United States and Canada soon picked up the idea for this service and have been operating day-programs for the past 25 years. Menorah Park Home for Aged some time later opened its day program on an experimental basis within a non-resident program in its old facility. When Menorah Park moved to its new facility in 1968, it was probably one of the first homes for aged to build a separate and special entity into its new building for an adult day-care center. Today there are over 600 adult day-care programs in operation throughout the country under various auspices, ranging from state mental hospitals to churches.²

Adult day care is generally defined as primarily "a social program for the frail, moderately handicapped, slightly confused older person who needs care during the day

for some part of the week, either because he lives alone and cannot manage altogether on his own or, by sharing with his family some of the responsibility of his care, to relieve his family and thereby help them to keep him at home."³

Day-care centers are generally divided into three categories, all having many elements in common but with the emphasis of health versus social programming as the significant differentiation. The *senior center* (or *Golden Age Center*) deals primarily with the well-aged, providing a program which is recreational in nature to the elderly who are relatively independent but are seeking a social situation where they can meet with their peers, engage in activities and make their lives more meaningful.⁴ The *day care center* (as we know it at Menorah Park and as we have developed it over the past twelve years) also offers appropriate socialization services but in addition, provides a protective environment that assists individuals with less able functioning capacity than senior center participants—persons who find it difficult to remain in the community with-

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¹ E. Rathbone-McCuan and M.W. Elliott, "Geriatric Day Care in Theory and Practice," *Social Work and Health Care*, Vol. 2 (1977), 153-170.

² Edith G. Robins, *Directory of Adult Day Care Centers*, Department of Health, Education and Welfare, Health Standards and Quality Bureau, Rockville, Maryland.

³ Helen Padula, "Developing Day Care for Older People," A Technical Assistance Monograph for the Office of Economic Opportunity. National Council on the Aging, Washington, D.C. 1972.

⁴ E. Rathbone-McCuan and J. Levenson, "Impact of Socialization Therapy in a Geriatric Day Care Setting," *The Gerontologist*, February 1974.

out the support of a day-care setting. The third category is a *day care center for the severely physically handicapped* (or a day hospital, as it is sometimes called) which provides health care, retraining and rehabilitation, giving some nursing and other health supports which are restorative in goal.

The Home for Aged Sponsorship of Adult Day Care

Menorah Park Jewish Home for Aged has developed the latter two types of day-care programs for the non-institutionalized elderly. Menorah Park is a geriatric center which will shortly celebrate its 75th year. It occupies its fourth location on a 40 acre site in an eastern suburb of Cleveland, Ohio in close proximity to the suburbs most densely populated by Jewish people. It has 285 long term-care beds, 235 frail, but ambulatory, people residing in a congregate housing facility, 125 recipients in its home delivered meals program, 90 in its adult day-care program, 25 in its day-care program for the severely handicapped, 30 in its religious holiday-stay program and about 20 people each year in its vacation-stay respite program—thus serving well over 800 different persons in any one year.

Physical Facility

The adult day-care program which serves the frail and moderately impaired older person was established in 1968. The day-care program for the severely handicapped was established in 1977. When moving to its present facility early in 1968, Menorah Park constructed the day center as an integral part of the institutional buildings. The two programs are now housed strategically within a self-contained day-care center which is located in the midst of the long term-care facility, occupies 3000 square feet, has its own separate entrance from the outside with a ramp for bus loading and unloading, two lounges, two dining rooms (the larger of which has a

capacity to serve 50 people), four resting rooms with cots for napping, large toilet facilities equipped to handle wheelchairs, a bathing room with special century tub and stall shower, pantry, cloak room and three offices. The day center is in close proximity to the other service areas within the Home: the sheltered workshop, occupational therapy, physical therapy, the auditorium, the synagogue, the library, and the beauty and barber shop—all of which are available for use by the day residents.

The Client Group—Adult Day Care

The client group of the adult day care program which fluctuates between 85 to over 100 participants with about 30 to 35 in attendance in any one day, is an old population, frail, some mildly confused, some moderately impaired using a walker or cane for mobility or a wheelchair for distances. More than half are over 80 years ranging up to 95 years of age. In spite of their age, over half are living by themselves, the others with children or other relatives. These are people who need a consistent and dependable nutrition plan, social contacts, recreational opportunities, supervised activities, counseling with their problems of coping, and sometimes, help with their personal care and hygiene. The older person, when living alone or even when residing with a child, may suffer loneliness and isolation when all are away at work or elsewhere. Inability to prepare meals and malnutrition seem naturally to accompany depression. So often the older person in the early stages of regression suffers from some degree of confusion and cannot be left alone to feed himself improperly, to sleep all day and then wander the house at night.

Participation in a program which provides appropriate supportive environments and services may help them remain at home longer, delaying institutional living and possibly avoiding it. In addition, the adult day-care program offers a helpful opportunity for the older person who *is* con-

sidering applying for admission to a home for aged but is having difficulty determining whether to give up his independence in order to enter the Home. Being able to participate in the day-care program helps him to familiarize himself with the Home and to gain some experience to help him make the decision.

Another helpful service of the adult day-care program is rendered to the older persons already on the waiting list for admission. Many homes for aged are plagued with the continuing phenomenon of long waiting lists with applicants waiting nine months to a year for admission. Once an applicant is accepted for admission, his need for supportive services during the waiting period can be met through participation in the day-care program. Approximately 50% of those entering the Home have spent some time in the day care program. Members of the social service department are in unanimous agreement that these people and their families appear to make the transition into the Home with less trauma and better overall adjustment as a result of the day-care experience.

Client Group—Adult Day Care for the Physically Handicapped

The day-care program for the physically handicapped was begun three years ago as a demonstration project funded by the Cleveland Foundation. It serves primarily those who are unable to ambulate because of handicaps resulting from a severe stroke, single or double amputation, advanced multiple sclerosis, crippling arthritis and other permanently and chronically disabling diseases. In this program the average age is considerably less than it is for the adult day-care program since there are several people in their late 30s, 40s and 50s suffering from multiple sclerosis, paralysis, or some injury or disease which has caused a severe handicap. The enrollment in this program has reached 25 persons, with eight in attendance each day.

Almost all participants are residing with either a spouse or children. Their attendance in this program not only gives them temporary freedom from the imprisonment of their own homes but also gives a degree of respite to their "caregivers." The emotional burden of caring for the very ill or disabled can overwhelm even the most motivated families.

Program of Services

The program of services rendered the participants in these two programs includes:

Transportation: Two, and occasionally three, school buses with drivers are leased each day, Monday through Friday, to pick up adult day-care participants between nine and ten in the morning. The driver escorts each passenger to and from his door and assists him with the steps of the vehicle. In the program of day care for the physically handicapped, an entirely different transportation system is used. Two health care attendants drive the center's own special bus with hydraulic lift for wheelchairs. They pick up the participants and return them at the end of the day, going into the home and often literally carrying the participant in and out of his house. Transportation is an absolute essential. A day-care program cannot serve its clients adequately without it; so many live alone or have relatives gainfully employed who cannot provide transportation when needed.

Meals: The adult day-care program serves a continental breakfast upon arrival at the center, a hot lunch, mid-afternoon snack and dinner before departure at 5:30 p.m. Some also are given a home-delivered meal package for an additional meal during the week or weekend. The participants in the day care for handicapped program spend a shorter day at the center. They are served a continental breakfast and hot lunch only and are transported home by 3:30 p.m. Special diets and food preferences are carefully observed for each person.

Personal Care: The adult day-care participants may use the beauty parlor or barber shop for which there is a nominal charge since this is a service operated by the women's auxiliary of the Home. The bathing room makes it possible to give personal care to those individuals who have problems with personal hygiene caused by physical infirmity, mental decline and lack of suitable or necessary assistance in the home. However, in the day-care program for physically handicapped, almost all participants are bathed by the health care attendants in the special century tub. For many it is the first immersion in a tub since the onset of their illness. They also use the beauty parlor and barber shop and all must be assisted with toileting.

Counseling: Both programs are headed by professional social workers who provide counseling to the program participants and their families. In the case of the handicapped program, the families meet one evening each month for group therapy sessions to help them cope with their tasks of providing care to a disabled person.

Physical Therapy: This service is offered each day to the participants in the day-care program for the handicapped and selectively to those in the adult day-care program, according to their needs. The prescription for physical therapy must be provided by the participant's private physician.

Occupational Therapy: Each participant in the handicapped program and some within the adult day-care program are evaluated by the registered occupational therapist to determine how this program might best be used for their rehabilitation and retraining in the activities of daily life. An individual program plan is developed for each person, reflecting his personal needs.

Arts and Crafts: Many persons in both programs seem to enjoy the diversional benefits of the supervised handwork

program. The creative, often artistic quality of the product gives them a keen sense of accomplishment.

Sheltered Workshop: Many of the participants of both day-care programs work in the sheltered workshop performing assembly work on contracts from different manufacturers in the community for which they receive remuneration. In this work therapy program, the older person continues to work within industry performing worthwhile tasks which give him a sense of worth and self-respect.

Napping: Although several private resting rooms with cots are provided for napping, this inactivity is not encouraged but used more for temporary relief for occasional discomfort or weakness. The older person is encouraged to have a full day of activity and go home tired so that he may sleep well during the night. Probably no more than five percent seem to require a daily nap.

Homemaking: Chiefly the handicapped are offered classes in cooking and baking, and in utilizing special implements. They are taught to prepare food within the limits of their handicaps. They are encouraged to repeat these performances at home, using the equipment with which they are provided.

Recreation: Programs of a recreational, religious and cultural nature are held each afternoon. Day-care residents may participate in programs of music, lectures, discussion groups, card and other games, parties, picnics and outings—all of which help to provide an atmosphere which encourages self-expression, companionship and socialization.

Medication: Participants bring their own medication to the office or families provide it and then participants are reminded by the day center staff when they are to take their medicines. In this way medication is self-administered.

Nursing: A registered nurse works part-time for the programs. She teaches the

elderly and the disabled how to function at the highest possible level. Special exercise programs are held each day for both programs and an educational session is held once each week to promote and maintain good health and nutrition. Blood pressure readings and other vital procedures are observed on a regular basis. Daily records are kept and information is shared with the person's private physician.

Emergency Care: If a participant becomes ill, our professional staff renders life saving procedures in our acute care division until the private physician can arrange transfer to the general hospital. The family is notified and assumes further responsibility.

Volunteers: An essential ingredient in the success of these programs is the service of the volunteers. The Womens Association of the Home operates a training program for volunteers and provides the day center with at least two each day. These men and women (and teenage "candy strippers" in the summer) bring a freshness and devotion to the elderly and handicapped which are a source of great pleasure to them. Volunteers add considerably to the personal services available while helping to keep the cost of the program down.

The battery of services described above, as already indicated, are used for extra-mural and in-patient service. Although day-care participants have their own separate "home base," all of the services of the Home are available to them. The day-care participants and the Home's residents integrate in the total Home programming. No distinction is made between them. Each is helped to fit into the diversified programs of the Home on the basis of personal preference, interest and need. The Home's residents enjoy visiting in the day center. The day center Lounge has become the social hub of the Home where anyone interested may join in an afternoon's recreational program.

Advantages and Disadvantages to Adult Day Care in a Long Term-Care Facility

A long term-care facility such as a home for aged enjoys many advantages in providing adult day care. The home for aged has a readily available plant. It has qualified staff, professional services, administrative leadership. It has the facilities and the expertise to expand its horizons beyond the care of persons within its own walls. Through imaginative planning, the Home can use its facilities for prevention as well as treatment of the elderly living in the community.⁵

Only five percent of the elderly live in institutions. The other 95% of the 24 million people aged 65 and over are living and coping in the community.⁶ The homes for aged, with their extensive resources, should not restrict themselves to those who live in the homes but should utilize their facilities and their programs on a community-wide basis, extending their supportive services to the non-institutionalized aged "at risk" of institutionalization, helping to maintain them in their own homes as long as possible.⁷ When it clearly becomes no longer possible, the institutional service can be made available.

Another realistic advantage to an adult day-care program setting within the long term-care facility is the ever-present problem of cost. Although the day center has certain undeniable and individual needs, it can nevertheless utilize services already part of the skilled nursing facility at little additional cost. The day program must have its own personnel and its own

⁵ Elizabeth Gustafson, "Day Care for the Elderly," *The Gerontologist*, February, 1974.

⁶ Robert Butler, M.D., *Why Survive? Being Old in America*, New York: Harper and Row, 1975.

⁷ S. Ruth and W. Lyons, "How can a 200 Bed Institution Help 400 People?" *National Health and Welfare Journal of Canada*.

transportation. These are recognizably major "out-of-pocket" costs. However, the contributions "in kind" made by the parent institution through housing and utilities, through the existing spectrum of services such as physical therapy, occupational therapy, sheltered workshop, nutrition, administrative and clerical assistance, the established program of activities—recreation, cultural and religious—are of considerable support financially and make a varied program at reasonably little extra cost.

There are several problems encountered in the development of a successful program of adult day care. One is the older person's reluctance to expose himself to change, to the necessity of making new adjustments to new and unfamiliar people and situations.⁸ He resists this expenditure of energy and this investment of himself in the unknown, "preferring" the status quo of loneliness and depression to a change in simple routine. Secondly, there is resistance to anything that has to do with a home for aged. There is a stigma to the home for aged as "a last resort" which is a carry-over of emotional feeling from the previous generation and its experiences with the institutions of that day. Often the older person is suspicious of his children's bringing him to the day center. He is afraid that his relative plans to desert him, will not return but will leave him at the Home. Thirdly, many elderly have an irrational resistance to spending money, feeling they must hoard it for some possible catastrophe or simply for what they refer to as "future old age." They will resist the program, in spite of their need for it, in spite of a sliding scale of fees which recognizes indigency and inability to pay full fee. Any cost is too much. Lastly, another source of resistance is their inability to recognize their own old age. They recognize age in others but their

own self-image is too threatened with the idea of age for them to see their similarity to their peers.

None of these resistances is easy to overcome. Nevertheless, our experience has been that if we can get the individual to cross the threshold, we can usually win him over. To that end we offer and encourage acceptance of a day of visitation, often with accompanying relatives, at no charge, to allow the applicant an opportunity to become acquainted with the facility and services, after which he may make his own judgment and his own decision. At the same time, this day of visitation gives our staff the opportunity to make assessments.

Effect of Adult Day Care on Participants and Families

The effect of the day care program on the participants, as well as the families can be seen in the following case illustrations:

After the death of his wife, Mr. B was brought from Israel to make his home with his only daughter and her husband, a visiting scientist and teacher at the University. Mr. B., new to the city and unfamiliar with English, had no friends and was left alone while the others were away at work. Soon his depression and loneliness began to affect his health and his personality. When he was brought to the day center, he was reserved, distant, interested but a little frightened and suspicious. The social worker was able to communicate in Yiddish, to explain the day-center program and the many services of the Home. He began to participate in the sheltered workshop, in the religious program, in the Rabbi's discussion group. He found that he could communicate with his peers and soon was coming 3 to 4 times per week. When his daughter and son-in-law moved to another community where they got new positions, he elected to move into the institution which had become home to him.

Mrs. E., a 79-year-old woman suffering from Parkinson's compounded by recent memory loss and confusion, had been spending her days sleeping, her nights in restless agitation. Her husband was exhausted; her family desperately searching for some alternative.

⁸ Herbert Shore, "Day Resident Program," *Professional Nursing Home*, October, 1964.

After attending the day care program for two months, the change was dramatic. On the first visit, she could keep her eyes open only during face-to-face interaction with staff; she needed to take three naps during a five hour period. She is now taking only one 20 minute nap per day and actively participating in activities. Mrs. E.'s daughter came to observe her in the homemaking group and was amazed to see Mrs. E. standing, mixing dough for *mandel* bread, smiling and conversing with the other ladies and washing the dishes herself. She is able to carry over these abilities to her own household activities and can assist her husband in many of them. She is tired at night and can sleep through the night, to the great relief of her family.

There are a number of striking behavioral changes which occur within a short period of consistent attendance of possibly two to three months. Participants who at first interact little with other participants seem to develop a growing awareness of one another as individuals. They become interested, concerned and even affectionate with one another. Often heterosexual peer relationships are formed which carry over outside the day center. Many participants who enter the program with the major role losses of advanced age, compounded by the functional limitations of their chronic disabilities, are helped by the supports of the day-care program to

extend their improved socialization beyond the day center into their family life.

Families, given relief from daily 24 hour care, find themselves free to pursue their own interests and very often much needed employment. The respite for family caregivers is carried over into short vacation and holiday stays for their elderly relatives, allowing families to leave the city for much needed vacations, returning relaxed and invigorated and ready to continue to maintain the older person in the community setting.

Recent statistics for the adult day-care program show that more than half of the participants have been attending the program from two to nine years. These figures make a strong case for the ability of adult day care to provide a program of supportive services to the very old and impaired that sustains these persons in their own homes, preventing premature institutionalization, and possibly eliminating it.

As a result of our experiences in adult day care for the frail elderly and for the physically handicapped, we are now moving into a special program of day care for the mentally impaired and hope to add that service as well as a special vacation for the severely impaired as a respite to their families.